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**\*BIBDATASHEET\***

CONFIRMATION NO. 9218

Bib Data Sheet

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/821,328 | <b>FILING OR 371(c) DATE</b><br>06/17/2002<br><b>RULE</b> | <b>CLASS</b><br>204 | <b>GROUP ART UNIT</b><br>1753 | <b>ATTORNEY DOCKET NO.</b><br>57430-00006 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/436,186 11/08/1999 PAT 6,406,604

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 08/11/2004

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>NJ | <b>SHEETS DRAWING</b><br>8 | <b>TOTAL CLAIMS</b><br>28 | <b>INDEPENDENT CLAIMS</b><br>2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged   | Examiner's Signature _____    | Initials _____             |                           |                                |

**ADDRESS**  
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**TITLE**  
 MULTI-DIMENSIONAL ELECTROPHORESIS APPARATUS

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1572 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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